



District of Columbia CAPTIVE APPLICATION

APPLICATION FOR APPROVAL as CAPTIVE MANAGER

1. Name of applicant*: _____
2. Place of business in the District of Columbia:

3. Address at which captive management services will be performed:

4. State address where captive records are available for purposes of examination, if other than above: _____
5. List any sub contract agreements entered into by the captive manager for the provision of services to licensed captives.

6. If the applicant is an organization, provide information about the firm,:
 - A) Number of professional staff: _____
 - B) Number of captives under management: _____
 - C) Number of domiciles where licensed: _____
 - D) Other relevant information: _____
 - E) Does the applicant firm provide other services to the captive or captive shareholder? If yes, provide details:

Attach the biographical information of the individual applying for approval. * A business organization applying for approval must designate an individual as the approved management company contact.